

# KENTUCKY BOARD OF LICENSED DIABETES EDUCATORS

## SUPERVISED WORK EXPERIENCE REPORT

Supervisee \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Supervisor \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Supervisee's Place of Employment \_\_\_\_\_ which is a:  
(check one of the following)

☐ Hospital Inpatient Only

☐ Hospital Outpatient Only

☐ Both Hospital Inpatient/Outpatient

☐ Home Health Agency

☐ Physician's Office

☐ Community/Public Health Agency

☐ Self-Employed/Private Practice

☐ Other (specify) \_\_\_\_\_

Attach a document that includes the following 4 components listed here. This document is to be developed by the supervisee with the assistance of the supervisor.

1. Assessment-Identify strengths and developmental needs of the supervisee; see Competencies for Diabetes Educators for individuals deemed as practicing at a Level III (<http://www.diabeteseducator.org/DiabetesEducation/position/competencies.html>)
2. Plan-list training experiences that will build skills and competencies of the supervisee to prepare him/her for practice as a licensed diabetes educator
  - a. Set Goals-be specific, based on identified needs;
3. Implementation-list training experiences to be carried out to meet the identified supervisory plan;
4. Evaluation-track progress through the supervised experience

Supervisee \_\_\_\_\_

Date \_\_\_\_\_

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

### FOR BOARD USE ONLY

Date Report Reviewed \_\_\_\_\_ Reviewed by \_\_\_\_\_ ☐ Accepted  
☐ Rejected

Comments and/or Follow Up:

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